

sample evaluation two

1. **How do you feel about impaired driving laws in this state?**

Too lenient Fair Too tough

Other comments: _____

2. **Did you learn anything from the speakers?**

Yes No

If yes, what did you learn? _____

3. **Do you think others could benefit from hearing these speakers?**

Yes No

If yes, who should attend? _____

4. **Which speaker made the greatest impression on you and why?**

5. **Did you consider these consequences the last time you drank and drove?**

Yes No

6. **What do you think now about people who drink and drive?**

7. **Anything else you'd like us to know?**

Please contact me for follow-up.

I would like to talk with someone about what I heard tonight.

I would like to ask a panelist a question.

I would like to join and/or volunteer for MADD.

I would like more information about impaired driving.

I need help with an alcohol or other drug problem and would like a referral for a self-help group or treatment program.

Name _____

Phone Number _____ E-mail _____